

City of Holtville



Swimming Lessons Registration

Please Mark ONE Class ☒

<input type="radio"/> Beginners \$25.00 per child No skills required; before swimming, either never been in the pool, or afraid of the pool and never had lessons; minimum age is 3; do not bring floaties.	<input type="radio"/> Intermediate \$25.00 per child Can blow bubbles, comfortable in the pool, yet don't know the strokes; minimum age 3; do not bring floaties; beginners class is recommended prior to enrolling in intermediate.
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Please Mark ONE Session ☒ **-and-** *Mark ONE Class* ☒

<input type="radio"/> First Session July 13 – July 24 (M-F)	<input type="radio"/> Second Session July 27– Aug. 7 (M-F)	<input type="radio"/> Third Session Aug. 10 – Aug. 21 (M-F)
<input type="radio"/> A 9:00 – 9:30a.m. Beginners	<input type="radio"/> A 9:00 – 9:30 a.m. Beginners	<input type="radio"/> A 9:00 – 9:30 a.m. Beginners
<input type="radio"/> B 9:30 – 10:00a.m. Beginners	<input type="radio"/> B 9:30 – 10:00 a.m. Intermediates	<input type="radio"/> B 9:30 – 10:00 a.m. Intermediates
	<input type="radio"/> C 4:00 -4:30 p.m. Beginners	<input type="radio"/> C 4:00 -4:30 p.m. Beginners
	<input type="radio"/> D 4:30 – 5:00 p.m. Intermediates	<input type="radio"/> D 4:30 – 5:00 p.m. Intermediates

CHILD'S NAME: _____ AGE: _____ GRADE: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES/MEDICAL CONDITIONS: _____

I, _____ (parent/guardian) hereby agree to allow my child to participate in the City of Holtville Summer Swimming Lessons 2015 Program. In consideration for permitting my child to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, or volunteers from any liability which may occur in connection with these activities. I understand my child will be under general supervision of responsible adults during this program. I hereby authorize emergency treatment to be given to my child if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Parent/Guardian

Signature: _____ Date: _____

Register at: 121 W. 5th Street, Holtville, Ca 92250

Call Denise at 760-356-3013 for more information.